

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2007 OCT 31 AM 10:34

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee To Elect Tom Carnahan

IMPORTANT: Indicate by # type of committee you are reporting for: 6
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	_____
Logged In _____	_____
Scanned _____	_____
Computer _____	_____
Audited _____	_____

CANDIDATE COMMITTEES ONLY:

Candidate Name Tom Carnahan Political Party (if applicable) _____

Office Sought DAV ALDERMAN District (if Senate or House) 2ND WARD

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Thomas Dryden 563-386-2672 10/26/07
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED 9-29-07

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election <u>11/6/07</u>
County & Local Committees, enter County in which Election is held <u>5677</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	<u>-0-</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>2945.00</u>
Schedule F: Loans Received total (Attach Schedule F)		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		_____
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>2,945.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>521.64</u>
Schedule F: Loan Repayments total (Attach Schedule F)		_____
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	<u>2,423.34</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>769.83</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>450.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	_____
CONSULTANT BREAKDOWN (Schedule G Attached?) _____	YES	NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	_____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Tom CATWAAHAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/14/07	ID# CK#	CYNTHIA HEEREN 1507 EMERALD DR DAVENPORT, IA 52804		\$ 25.00	<input type="checkbox"/>
	ID# CK#	GREG LEWIS 1816 E 22ND ST DES MOINES, IA 50317		50.00	<input type="checkbox"/>
	ID# CK#	MATCHEE STILLE 232 THOMAS TER EDWARDSVILLE, IL 62025		75.00	<input type="checkbox"/>
	ID# CK#	STEVEN SEEGL 411 N COURT OTTUMWA, IA 52501		50.00	<input type="checkbox"/>
9/20/07	ID# CK#	ROD BAKER 204 BROOKSIDE DR PATILERSBURG, IA 50065		15.00	<input type="checkbox"/>
	ID# 9681 CK# 1022	UNITED STAFF UNION OF IOWA PAC 4320 NW 2ND ST DES MOINES, IA 50313		100.00	<input type="checkbox"/>
	ID# CK#	MARCEA NICHOLS 5917 GREENDALE PL #203 JOHNSTON, IA 50131		50.00	<input type="checkbox"/>
	ID# CK# 1210	OPERATIVE PLASTERERS + CEMENT MASONS #18 PAC 400 NE JEFFERSON STE 300 PEORIA, IL 61603		25.00	<input type="checkbox"/>
	ID# CK# 2530	QUAD CITY FEDERATION OF LABOR - COPE AEM 311 1/2 21ST ST ROCK ISLAND, IL 61201		500.00	<input type="checkbox"/>
	ID# CK#	LYNNE POTHAST 3952 HWY 146 GILMAN, IA 50106		10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 900.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT TOM CATWALKER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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9/20/07	ID# CK#	FRANK WOOD 1135 DANES ELDRIDGE, IA 52748		\$ 25.00	<input type="checkbox"/>
9/20/07	ID# CK#	MISCELLANEOUS UNITEMIZED CASH		170.00	<input type="checkbox"/>
9/26/07	ID# CK#	EATL BRAGG 2303 EMERALD DR PAV IA 52804		50.00	<input type="checkbox"/>
	ID# CK#	RANDY + LUANN TADSON 5817 VINE DAVENPORT, IA 52804		75.00	<input type="checkbox"/>
	ID# CK#	CENTIS SIMMONS 314 VALLEY RIDGE CT BLUE GRASS, IA 52724		50.00	<input type="checkbox"/>
	ID# CK# 2552	AFSCME AFL-CIO PAC 1625 L ST NW WASHINGTON, DC 20034		500.00	<input type="checkbox"/>
	ID# CK#	AUDREY LINDSEY 1127 W 15TH ST DAVENPORT, IA 52804		20.00	<input type="checkbox"/>
	ID# CK#	MATT PAUL 4146 BOULEVARD AVE DES MOINES, IA 50311		100.00	<input type="checkbox"/>
	ID# CK#	MICHAEL BLOWEN 970 GROVE TERRACE DUBUQUE, IA 52001		50.00	<input type="checkbox"/>
	ID# CK#	PETE DE KOEK 3415 EASTERN #202 PAV IA 52807		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1140.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
COMMITTEE TO ELECT TOM CATNAHAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/26/07	ID# CK#	JENNIFER HALL 4746 W BRYAN MAJOR CHICAGO, IL 60646		\$ 100.00	<input type="checkbox"/>
	ID# CK#	ELISHA GAUHAN 1515 KENOSHA ST DAV IA 52804		100.00	<input type="checkbox"/>
	ID# CK#	PAISY KEEHNER 1589 N HILL LN VICTORIA, IL 61485		50.00	<input type="checkbox"/>
	ID# CK#	MARY ELLEN CHAMBERLIN 709 GRAND AVE DAV IA 52803		50.00	<input type="checkbox"/>
	ID# CK#	TYRONE BOYKOP 33 OAK LANE DAV IA 52803		50.00	<input type="checkbox"/>
	ID# CK#	ROXANNA MORITZ 220 N ELMWOOD DAV IA 52802		25.00	<input type="checkbox"/>
	ID# CK#	THOMAS WOLFE 1905 EMERALD DR DAV IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	BRUCE KEADY 2632 N CLARK DAV IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	CHARLES GAUW 2217 E 45TH ST DAV IA 52807		25.00	<input type="checkbox"/>
	ID# CK#	JAMES LOBLESS 7171 W 60TH ST LOT 31 DAV IA 52804		25.00	<input type="checkbox"/>
SUB-TOTAL				\$475.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT TOM CATNANAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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9/26/07	ID# CK#	REBEKAH GAYMAN 1515 KENOSHA CT DAV IA 52804		\$ 25.00	<input type="checkbox"/>
9/26/07	ID# CK#	MISCELLANEOUS UNITEMIZED CASH		405.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$430.00

TOTAL (if last page of this schedule)

\$2945.00

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FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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CHECK THIS BOX IF AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee To Elect Tom CATNAHAN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/14/07	ID# CK#	REVIEW PRINTING 311 21ST ST ROCK ISLAND, IL 61201	PRINTING	\$ 97.00
9/15/07	ID# CK#	POSTMASTER 902 W 2ND ST DAV IA 52802	POSTAGE	41.00
9/16/07	ID# CK#	OFFICE MAX 821 W KIMBERLY DAV IA 52806	LABELS/ENVELOPES 16.55 PRINTER INK 71.68	88.23
9/21/07	ID# CK#	POSTMASTER 902 W 2ND ST DAV IA 52802	STAMPS	6.20
9/24/07	ID# CK#	REVIEW PRINTING 311 21ST ST ROCK ISLAND, IL 61201	PAPER	40.00
9/26/07	ID# CK#	THOMAS PROESTLER 2140 E 53RD DAV IA 52807	FUND RAISING SUPPLIES	40.51
9/27/07	ID# CK#	POSTMASTER 902 W 2ND ST DAV IA 52802	STAMPS	5.20
9/28/07	ID# CK#	HYVOR 2351 W LOCUST DAV IA 52804	FOOD FOR FUNDRAISER	103.22
SUB-TOTAL				\$ 421.66
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Tom CATWARR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/26/07	ID# CK#	JENO'S LITTLE HUNGARY 4908 N. PINE DAVENPORT, IA 52806	FUNDRAISER	\$ 100.00
	ID# CK#			
SUB-TOTAL				\$ 100.00
TOTAL (if last page of this schedule)				\$ 521.66

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
COMMITTEE TO ELECT TOM CATWAAHAN

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
9/29/07	CATER PRODUCTIONS 1739 E GRAND AVE DES MOINES, IA 50314	YARD SIGNS	\$ 769.83
SUB-TOTAL			\$ 769.83
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 769.83

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
COMMITTEE TO ELECT TOM CATNAHAN

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9-1 To 9/30/07	CITIZENS FOR A BETTER DAVENPORT 2721 E PLEASANT DAV IA 52803		CREATIVE/ CONSULTING SERVICES PHOTOGRAPHY	\$ 450.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
				450.00	
TOTAL (if last page of this schedule)				\$	
				450.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.